

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- BLACK BORDERS**
- IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- FADED TEXT OR DRAWING**
- BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- SKEWED/SLANTED IMAGES**
- COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- GRAY SCALE DOCUMENTS**
- LINES OR MARKS ON ORIGINAL DOCUMENT**
- REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.

Please type a plus sign (+) inside this box →

PTO/SB/82 (10-00)

Approved for use through 10/31/2002. OMB 0651-0035
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF
ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/721,813
Filing Date	November 24, 2003
First Named Inventor	Michael R. Neal
Group Art Unit	Not yet known
Examiner Name	Not yet known
Attorney Docket Number	040210-000100US

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

A Power of Attorney or Authorization of Agent is submitted herewith.

AND

Please change the correspondence address for the above-identified application to:

Customer Number



OR

<input type="checkbox"/> Firm or Individual Name			
Address			
City			
Country	State	ZIP	
Telephone	Fax		

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Michael R. Neal Chief Technology Officer Sageara Systems, Inc.
Signature	
Date	2/22/2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.
Submit multiple forms if more than one signature is required, see below.

Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.
60142484 v1

Please type a plus sign (+) inside this box →

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT**

Application Number	10/721,813
Filing Date	November 24, 2003
First Named Inventor	Michael R. Neal
Title	EVALUATING CONTENT QUALITY
Group Art Unit	Not yet known
Examiner Name	Not yet known
Attorney Docket Number	040210-000100US

I hereby appoint:

- Practitioners at Customer Number → 
OR
 Practitioner(s) named below:

Name	Registration Number

20350
PATENT TRADEMARK OFFICE

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

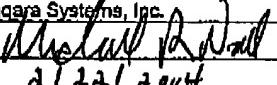
- The above-mentioned Customer Number
OR
 Practitioners at Customer Number →

<input type="checkbox"/> Firm or Individual Name			
Address			
Address			
City	State	ZIP	
Country			
Telephone	Fax		

I am the:

- Applicant/Inventor.
 Assignee of record of the entire interest. See 37 CFR 3.71,
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Michael R. Neal Chief Technology Officer Saggara Systems, Inc.
Signature	
Date	8/11/2004

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

 *Total of one form is submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. 60142485 v1

Attorney Docket No. 040210-000100US

STATEMENT UNDER 37 CFR 3.73(b)

Applicant/Patent Owner: Michael R. Neal

Application No./Patent No.: 10/721,813

Filed/Issue Date: November 24, 2003

Entitled: EVALUATING CONTENT QUALITY

Saggara Systems, Inc.

a corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

states that it is:

1. the assignee of the entire right, title, and interest; or
2. an assignee of less than the entire right, title and interest.
The extent (by, percentage) of its ownership interest is ____ %

In the patent application/patent identified above by virtue of either:

A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____ or for which a copy thereof is attached.

OR

B. A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as shown below:

1. From: _____ To : _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

2. From: _____ To : _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

3. From: _____ To : _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

Additional documents in the chain of title are listed on a supplemental sheet.

Copies of assignments or other documents in the chain of title are attached.

[NOTE: A separate copy (i.e., the original assignment document or a true copy of the original document) must be submitted to Assignment Division in accordance with 37 CFR Part 3, if the assignment is to be recorded in the records of the USPTO. See MPEP 302.6]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

2/12/2004

Date

Michael R. Neal

Typed or printed name

Michael R. Neal

Signature

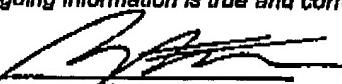
Chief Technology Officer

Title

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

60142486 v1

EV-175422328 US

Form PTO-1595 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2006)		RECORDATION FORM COVER SHEET PATENTS ONLY		U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office	
Tab settings → → → ↓ ↓ ↓ ↓ ↓ ↓					
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.					
<p>1. Name of conveying party(ies): Michael R. Neal</p> <p>Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>3. Nature of conveyance:</p> <p><input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____</p> <p>Execution Date: 11/15/2003</p>			<p>2. Name and address of receiving party(ies)</p> <p>Name: SAQQARA Systems, Inc. Internal Address: 370 Interlocken, Suite 400 Broomfield, CO 80021</p> <p>Street Address: 370 Interlocken, Suite 400</p> <p>City: Broomfield State: CO Zip: 80021</p> <p>Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: 11/15/2003</p> <p>A. Patent Application No.(s)</p>			<p>B. Patent No.(s)</p> <p>Additional numbers attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		
<p>5. Name and address of party to whom correspondence concerning document should be mailed:</p> <p>Name: Dahl & Osterloft, LLP Internal Address: 555 17th Street, Suite 3405 Denver, CO 80202-3937</p> <p>Street Address: 555 17th Street, Suite 3405</p> <p>City: Denver State: CO Zip: 80202</p>			<p>6. Total number of applications and patents involved: 1</p> <p>7. Total fee (37 CFR 3.41), \$ 40.00</p> <p><input checked="" type="checkbox"/> Enclosed</p> <p><input type="checkbox"/> Authorized to be charged to deposit account</p> <p>8. Deposit account number: (Attach duplicate copy of this page if paying by deposit account)</p>		
DO NOT USE THIS SPACE					
<p>9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document.</p> <p>Gregory W. Osterloft Name of Person Signing</p> <p> Signature</p> <p>11/24/2003 Date</p>					
<p>Total number of pages including cover sheet, attachments, and documents: 4</p> <p>Mail documents to be recorded with required cover sheet information to: Commissioner of Patents & Trademarks, Box Assignments Washington, D.C. 20231</p>					

EV 175422328 US

ASSIGNMENT OF PATENT APPLICATION

I, the undersigned hereby agree to assign to SAQQARA Systems, Inc., a California limited liability company having principal offices at 370 Interlocken, Suite 400, Broomfield, CO 80021 (hereinafter "SAQQARA"), for good and valuable consideration, the receipt of which is hereby acknowledged, and do hereby sell, assign, and transfer to SAQQARA, its successors and assigns, the entire right, title, and interest, including the right of priority, in, to, and under an application for Letters Patent of the United States entitled: "Evaluating Content Quality" of Michael R. Neal, filed herewith, and the invention(s) and improvement(s) set forth therein, and any and all continuations, continuations-in-part (C-I-Ps), divisionals, and renewals of and substitutes for said application for said Letters Patent, and any and all Letters Patent of the United States and of countries foreign thereto which may be granted thereon or therefor; and any reissues, or re-examinations, or extensions of said Letters Patent.

I additionally authorize SAQQARA to file applications in my name for Letters Patent in any country, to be held and enjoyed by SAQQARA, its successors, assigns, nominees or legal representatives, to the full end of the term or terms for which said Letters Patent respectively may be granted, reissued or extended, as fully and entirely as the same would have been held and enjoyed by me/us had this assignment, sale, and transfer not been made;

AND I hereby covenant that I have full right to convey the entire interest herein assigned, and that I have not executed and will not execute any agreement in conflict herewith, and I further covenant and agree that I will, each time a request is made, and without undue delay, execute and deliver all such papers as may be necessary or desirable to perfect the title to said invention(s) or improvement(s), said application and said Letters Patent, to SAQQARA, its successors, assigns, nominees, or legal representatives, and I agree to communicate to SAQQARA, or to its nominee, all known facts respecting said invention(s) or improvement(s), said application and said Letters Patent, to testify in any legal proceedings, to sign all lawful papers, to execute all disclaimers and divisionals, continuations, C-I-Ps, reissue and foreign applications, to make all rightful oaths and declarations, and generally to do everything possible to aid SAQQARA, its successors, assigns, nominees and legal representatives to obtain and enforce, for its or their own benefit, proper patent protection for said invention(s) or improvement(s) in any and all countries provided the expenses which may be incurred by me in lending such cooperation and assistance are paid by SAQQARA.

AND I hereby authorize and request the Commissioner of Patents and Trademarks of the United States and any official of any country or countries foreign to the United States whose duty it is to issue patents on applications as aforesaid, to issue to SAQQARA, as assignee of the entire right, title, and interest, any and all Letters Patent for said invention(s) or improvement(s), including any and all Letters Patent of the United States which may be issued and granted on or as a result of the application aforesaid, in accordance with the terms of this assignment.

I further authorize and direct SAQQARA attorneys to insert the serial number and filing date of said application identified as set forth above as soon as the same shall have been made known to them by the United States Patent and Trademark Office.

Filing Date: _____

Serial No.: _____

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal on the date set forth hereinafter.

Michael R. Neal

Michael R. Neal
Inventor

Date: November 15, 2003

STATE OF COLORADO)
COUNTY OF _____) ss

Before me this _____ day of _____, 2003, personally appeared Michael R. Neal, known to me to be the individual who executed the foregoing instrument, and who acknowledged to me that he executed the same of his own free will and for the purpose therein set forth.

My commission expires:

(SEAL)

Notary Public